

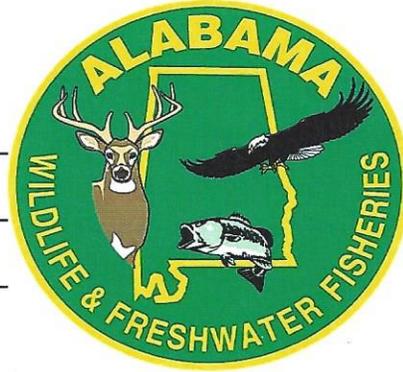
Monthly NASP Instruction Report Due the 10th of each Month

Coach's Name: Hope Grier _____

Coach's Email: hopegrier@dcnr.alabama.gov _____

School Name: Alabama Elementary _____

County: Montgomery _____



Month Ending: October __, 2016 _____

Date	Activity	Hours	# Students	Initials
1	archery	8-2	150	HG
2	archery	10-12		HG
3	target practice	9-1		HG
4	target practice	8-2		HG
5	eye dominance	9:30-1:30		HG
6				
7				
8	eye dominance	8:50-11:45	6	HG
9	safety	9:15-12:55		HG
10	safety	8:30-2:30		HG
11				
12				
13				
14				
15	whistle comands	8-2		HG
16	whistle comands	8-2		HG
17	team practice	2-5		HG
18	team practice	2-5		HG
19	team practice	3-5		HG
20				
21				
22	NASP instruction	8-1		HG
23	NASP instruction	9-2		HG
24	range setup	8:45-2:30		HG
25	balloon shooting	9:10-1:30		HG
26				
27				
28				
29				
30				
31				
Monthly Totals		62.4	156	

NOTES: PLEASE READ CAREFULLY

1. Initial each date that NASP was taught. Please make sure the initials are handwritten.
2. Every educator/volunteer planning or teaching NASP must fill out time sheet for accurate reporting.
3. Please make an attempt to avoid duplicating the number of students involved in NASP instruction. (If you teach the same group during the month, only count them once. We are looking for the total number of different students that are involved in NASP each month.)
4. Completed forms MUST be signed and dated. Electronic signatures are not allowed.
5. Hours must be in the format of start time through end time. Example 8-2.
6. Please poll your students each month to determine the number of personal bows that your students purchased and record the number in the space provided.

Signature Hope Grier
 Date 10-28-16

Please send to: **Bows Purchased: 2**

Name: Marisa Futral
 Email: hope.grier@dcnr.alabama.gov
 Phone: 334-242-3867
 Fax: 334-242-3032